



WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

CARD ROOM EMPLOYEE TRANSFER / ADD EMPLOYER APPLICATION

FEE: \$57.00

New Employer										
00		-				/		/ 20		
Organization #					First Day of Work					
Last Name										
					/		/ 20			
First Name					Expiration Date					
68		-								
Employee's License Number					Last 4 digits Employee's SSN					

Employer's Signature (required):

Employee's Signature (required):

Please note that we are required by WAC 230-04-220 to retain a portion of the fee submitted for processing costs. Unfortunately, our costs for this transaction exceed the fee amount received; therefore no refund will be issued. This includes licensees that submit fees for a transfer and never worked at the new location.

☐ **Mailing address has changed since last renewal – please complete the form on the reverse side.**

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

Business Office Use Only:

Code: 211-|_|_| Date: |_|_| / |_|_| / |_|_|_|_| Amt: \$|_|_||.00 Val #: _____

[illegible]

Last Name

[illegible]

First Name

Middle Initial

Number & Street Address

[illegible]

City

[illegible]

County

State

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Zip Code

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